U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



2. Fiscal Year Covered From:  01 / 01 / 2004 Through: 12 / 31 / 3  3. Name and address of person filing.  4. Name, file number, and address of labor organization.  Name		
01 / 01 / 2004 Through: 12 / 31 / 3. Name and address of person filing.  4. Name, file number, and address of labor organization.  Name Plumbers Local Union #519  Labor Organization File Number (16634)	2. Fiscal Year Covered From:	
Name Jeffrey D Penniston  Name Plumbers Local Union #519  Labor Organization File Number (16634)	2004	
Labor Organization File Number (16634		
P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any		
Street 14105 NW 58 Court Street 14105 NW 58 Court		
City Miami Lakes  City Miami Lakes		
State FL ZIP Code + 4 33014 - 31 18State FL ZIP Code + 4 330	014-3118	
5. Position in labor organization. President		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Deffe D. Permiston

on 8/5/05

305-362-0519

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: IPS LLC Name a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 7402 Hodgson Drive City Savannah ZIP Code +4 31406-2562 State Georgia 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Wife's Dinner Name Plumbers Local Union#519 Pension/HW Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 14105 NW 58 Court \$90.00 11.b. Approximate dollar value of such dealing. City Miami Lakes 12.a. Nature of interest held or income received. FLZIP Code +4 33014-3118 State 12.b. Amount.

<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. is the Business an Employer	or Consultant ?	14.b. Amount of payment.	